

STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF EMERGENCY MEDICAL SERVICES

BOARD MEETING  
June 21-22, 2006

The Emergency Medical Services Board met on June 21 and 22, 2006, in the Crown Ballroom of the Millennium Maxwell House Hotel, Nashville, Tennessee, Chairman Darren Ellenburg presiding.

Members present: Charles M. Alderson, M.D.  
David A. Baxter  
Robert L. Byrd, Jr.\*  
Susan M. Breeden  
Darren K. Ellenburg, Chair  
Larry Q. Griffin+  
Mark P. King  
Donald Mosby  
Steven J. White, M.D.  
Kenneth L. Wilkerson+

Members absent: Julie Dunn, M.D.  
Susan Earl  
Jackie Wilkerson

\* Absent on 6/21 and arrived at approximately 9:30 on  
6/22

+ Absent on 6/22

CALL TO ORDER/ROLL CALL

Upon the call to order, a roll call vote was recorded. Mr. Ellenburg, Chairman began the meeting with several items of business to conduct before ten o'clock, at which time the board continued the case from the last meeting.

This case was heard and continued from the March 29, 2006 before the Board of Emergency Medical Services in the Crown Ballroom of the Millennium Maxwell House Hotel, Nashville, Tennessee, on June 21, 2006:

M. Elizabeth Miller, Court Reporter  
3405 Anderson Road, Unit #108  
Antioch, Tennessee 37013  
(615) 594-8270

APPEARANCES:

Members of the Board: Charles M. Alderson, M.D.  
\* David A. Baxter  
Susan Breeden  
Darren K. Ellenburg, Chair  
Larry Griffin  
Mark P. King  
Donald Mosby  
\* Steven J. White, M.D.  
Kenneth L. Wilkerson

Administrative Law Judge: The Honorable Thomas G. Stovall

For the State: Elisha Hodge  
Attorney at Law  
Plaza I, Suite 210  
220 Athens Way  
Nashville, Tennessee 37243

For the Respondent: Debra A. Wall  
Attorney at Law  
133 Franklin Street  
Clarksville, Tennessee 37040

Also present: Terrie E. Finch

\* These board members did not participate since they were not present for the first part of the hearing held on March 30, 2006.

Findings of Fact:

Mr. Larry Griffin made a motion to accept the Allegations of Fact with the exception to number nine. Allegations of Fact are to be as presented.

Mr. Ken Wilkerson seconded the motion.

Dr. Alderson: Yes  
Ms. Breeden: Yes  
Mr. Griffin: Yes  
Mr. King: Yes  
Mr. Mosby: Yes  
Mr. Ken Wilkerson: Yes  
Mr. Ellenburg: Yes

Motion carried unanimously.

For the conclusions of law, Mr. Griffin made the motion that the board accepts Causes of Action as presented. Dr. Alderson seconded the motion.

Dr. Alderson: Yes  
Ms. Breeden: Yes  
Mr. Griffin: Yes  
Mr. King: Yes  
Mr. Mosby: Yes  
Mr. Ken Wilkerson: Yes  
Mr. Ellenburg: Yes

Motion carried unanimously.

The findings indicate the violations of the statutes.

In the penalty phase:

Mr. Griffin made a motion to have a letter of reprimand be placed in the respondent's file and that he is placed on probation for six months (see final order). Ms. Susan Breeden seconded the motion.

Mr. Griffin made a motion to add to the original motion to have Mr. James attend a basic trauma life support course within the six months time frame of his probation period and successfully complete it. Mr. Griffin accepted the amendment to the motion. Mr. Ken Wilkerson seconded the amended motion.

Upon the question, "*can a license be reprimanded and be placed on probation at the same time?*" Ms. Hodge and Judge Stovall discussions on the actions of the board against Mr. James regard the final ruling of the board and the statement that Mr. Griffin had said.

The judge stated the Board, *You could put a letter of reprimand as well as probation.*

Mr. Griffin then commented, *I don't think it's a hanging offense, but I do think we need to send a strong message.*

Judge Stovall said that "*The final Order of this board is public record that will remain in Mr. James' file as well as with the records of the Board forever*".

Dr. Alderson:	Yes
Ms. Breeden:	Yes
Mr. Griffin:	Yes
Mr. King:	Yes
Mr. Mosby:	No
Mr. Ken Wilkerson:	Yes
Mr. Ellenburg:	No

Motion does carry.

Mr. Griffin made a motion to have a *“Policy Statement read that this is to send a message to those in the EMS field. We do not operate by our own standards. We hold that high standard in order to protect the well-being of those patients we intervene with.”* Mr. Mark King seconded the motion.

Dr. Alderson:	Yes
Ms. Breeden:	Yes
Mr. Griffin:	Yes
Mr. King:	Yes
Mr. Mosby:	Yes
Mr. Ken Wilkerson:	Yes
Mr. Ellenburg:	Yes

Motion carried unanimously.

Judge Stovall concluded the record in the matter of Mr. Mell James. The hearing stands adjourned.

#### TENNESSEE PROFESSIONAL ASSISTANCE PROGRAM REPORT

Mr. Mike Harkreader reported to the Board. The board reviewed the data from the insert from July 1, 2005, through May the 31st, 2006. The program is currently monitoring six individuals. With 12 total intakes – and have people that actually went to treatment. Five referrals came from the Board, the screening panel, or investigations. There were two self-referrals and four employer referrals and one by a treatment provider. The reasons for referrals included: four positive drug screens in the workplace, two with a history of arrest, or the screening panel had knowledge of previous illegal drug use.

There were two impairments on the job with narcotics, three cases of diversion of narcotics, and one other. Three people refused to be monitored by us. They were discharged and reported. One person was terminated because they would not comply with the monitoring agreement.

Mr. Griffin asked about the process of notifications, if it is self-referral. Mr. Harkreader responded that if it's a true self-referral, then that's confidential as long as there is not a gross violation of the Practice Act or where TNPAP feels the public is not at risk for safety. If there is a violation or concern for safety and when we are very concerned about somebody out there – then we will notify appropriate authorities.

When Mr. Griffin asked if it was reported to the employer, first what would be the procedure? Mr. Harkreader stated “We feel like we have to let investigations know of the information we have.” (So the Boards would be notified.) Other times, you know, the information is confidential. A person can be in the program, be monitored for the entire time, successfully complete the program, and the Board may never know.

In self-referral the monitoring fee is paid by the client. For EMS personnel, that's included in the charge paid by the State. Everybody has to pay for their own evaluation, treatment, drug screens. If they're in some kind of therapy or support group, they're responsible for that. But the monitoring fee is supported by the \$60,000 from the Division. A mass mailing also was sent to EMS personnel, and three calls were received, one quite critical or receiving the mail, two others that just wanted to make sure that they weren't reported.

EMT paramedic education programs can obtain TNPAP presentations. Part of the PowerPoint presentation is education on the disease of addiction and what to look for, when a co-worker who might be impaired.

Joe Phillips noted the Division renewed the contract with TNPAP for the next year.

## RULE STATUS REPORT

Richard Land reported no change in the rules status since April 21, 2006. A copy of that report has been distributed to the Board members. Currently, two rules are at the Attorney General for review: The amendments for the EMT and EMT paramedic at the hospital; and, the new rule for the critical care paramedic.

## RULEMAKING

Proposed Rule 1200-12-6

EMS BOARD OFFICERS AND PROCEDURES: And Amendments of Rules 1200-12-1-.02 and 100-12-1-.08 EMS TELECOMMUNICATIONS

Rulemaking hearings were conducted on June 16th to consider the amendments to Rule 1200-12-1-.02 and 1200-12-1-.08 relative to EMS telecommunications. There were no written comments received on those rules, and the status remained unchanged. No comments were received.

These amendments were presented through the EMS Communications Committee. The revisions included the provision requested by Mr. Wilkerson from Hamilton County for their alternative use of communications equipment.

Proposed Rule 1200-12-6 for Emergency Medical Services Board Officers and Procedures clarifies responsibilities of the Board chairperson and a pro temp chairman in the absence of the Chair. It identifies the procedures for contested cases and for petitions for reconsiderations and stays. No comments were received.

The proposed rulemaking was subject to the Board vote for adoption.

Mr. Ellenburg proceeded with Board, noting these rules were presented after rulemaking hearing on June 16, 2006.

Motion made to adopt the regulations as presented.

Mr. Ken Wilkerson made a motion to adopt the regulations as presented. Seconded by Mr. Mosby. Joe Phillips further commented on the communications rules, since it expanded requirements for the regional medical communications centers. The improvement process has taken almost three years and projects received federal money and hospital bioterrorism money about a year ago to create a RCC in all eight regions and upgrade the capabilities of all of them. The upgraded rules are part of that. So we're very pleased with the process.

With no discussion, the Board was instructed to vote on both sets combined.

The roll call vote was recorded:

DR. ALDERSON:	Yes.
MR. BAXTER:	Yes.
MS. BREEDEN:	Yes.
MR. GRIFFIN:	Yes.
MR. KING:	Yes.
MR. MOSBY:	Yes.
DR. WHITE:	Yes.
MR. KEN WILKERSON:	Yes.
MR. CHAIRMAN:	Chair votes yes as well.

Motion carried. Mr. Ellenburg followed next with Committee reports.

#### COMMITTEE REPORTS:

##### AIR AMBULANCE COMMITTEE

The Air Ambulance Committee met June 15. Mr. Phillips attended and the draft minutes were enclosed under Tab 4 for the Board's review.

Richard Land addressed the Committee progress. Three areas appeared as key developments:

1. Modification of the requirements for the avionics;
2. Standardization of the medical crew requirements; and,
3. Efforts to categorize the air ambulance services in a manner similar to those of ground with various clinical capabilities.

An administrative issue that needed the Board's clarification on paramedics transition to flight nursing. We've had in the past several paramedics that have become R.N.s. Because they received better pay as a flight nurse, they like to transition into those positions.

It's been our position to accept two years of their ALS experience as paramedics in that three-year requirement that is there for nursing. And to emphasize, they must still require one year of clinical experience after licensure as a nurse. That is mandated to require advance nursing certifications that are required such as the critical care nurse, emergency nurse and flight nurse. This is clarification for those individuals and flight programs that are potentially affected.

Chairman Ellenburg summarized.

Mr. Land is asking the Board to endorse consideration of a three-year total, which may be obtained, for example, as a paramedic. He's just asking that the accepted practice by the Division should consider the three years experience as a total based on either R.N. or paramedic experience.

Richard Land clarified the person must be an EMT-Paramedic with at least one year experience as a nurse, because it is also necessary for the person to obtain Certified Emergency Nurse (CEN credentials or any other advanced certification).

Upon the motion by Ken Wilkerson, Larry Griffin seconded the motion. Upon discussion Mr. Baxter questioned if they had to be a registered nurse.

Mr. Land responded that the rules did require registered nurses as flight nurses. These individuals have been performing as flight paramedics, but because the pay for the R.N. position is better, they wish to transition to those R.N. jobs slots.

While the current rules do not address this upgrade, it would be considered in the new rules proposal that a flight nurse or a flight paramedic would have to have three years of ALS and critical care experience.

Upon further questioning by Dr. White, does it state they've been working in the program as a flight paramedic for that year or two years? Mr. Land noted it is a flight paramedic that's already been working with the program, and the experience could be evaluated at the time of the service audit or upon the request of the individual affected.

Noting a difference between critical care and ALS experience, Dr. White added to include flight medic experience as additional qualification, not just ALS experience. Richard Land responded that added qualification wouldn't have affected any of the applicants so far, because they had several years of flight medic experience.

Upon the Roll Call Vote:

DR. ALDERSON:	Yes.
MR. BAXTER:	Yes.
MS. BREEDEN:	Yes.
MR. GRIFFIN:	Yes.
MR. KING:	Yes.
MR. MOSBY:	Yes.
DR. WHITE:	Yes.

MR. KEN WILKERSON: Yes.  
MR. CHAIRMAN: Chair votes yes as well.

Motion carried unanimously.

## COMMUNICATIONS COMMITTEE REPORT

Richard Land moved forward with the communications committee report, commenting on two pending activities. A training program is lacking for ground ambulance personnel and medical control. This should be developed and promoted as RMCCs come on line. The grant requests for 2006-2007 RMCC improvements were forwarded to Kenneth Palmer on May 31st.

Richard also reported he had been working with other State agency communications officials on the State radio purchase contract. The contract will allow local governments and non-profit agencies, such as rescue squads to purchase equipment from the State wide contract.

## CLINICAL ISSUES COMMITTEE REPORT

Dr. Joseph Holley reported an abbreviated Clinical Issues Committee meeting.

One of the things we were talking about is clarify which set of triage guidelines to adopt. And essentially, the answer to that is we think START is probably the most appropriate triage guideline to adopt for our MCI plans.

We also discussed use of resuscitators in a mass casualty approach as a substitute for ventilators. Following some research, we found it doesn't work. Pre-hospital resuscitators are not capable of doing what needs to be done. Other solutions will be necessary, for critical care transport with ventilators. And we should have waveform capnography capability on those units that were providing that transportation.

All the new protocols are on the Web site now, all have been updated with a couple of new ones.

Another topic concerns EMS or ambulance strike teams. This is primarily a way to tie a physician to the team as a State asset, which would provide some protection for the physician, being a State resource as opposed to a doctor who showed up on the scene.

To additional resources and that an official mechanism by mobilize an entire task force could be deployed as a State resource. This would provide protection for the physician from liability issues, licensure issues, etc.

To clarify the EMS equipment requirements, the trauma committee's concern is that we need to be able to provide traction splinting for a patient with bilateral femur fractures and be able to provide two tractions devices supporting both lower extremities. Those injuries



occur in patients with major trauma. Traction splinting is necessary for both those extremities.

## EDUCATION COMMITTEE REPORT

Donna Tidwell reported the Education Committee met June 20, and is working on Rule 1200-12-1-.13, which has to do with institutional revising guidelines for education. The committee also recognized that we need to amend paragraphs of the basic EMT section of that rule, 1200-12-1-.04, to match the paramedic rule.

The paramedic rule will read that the Board examination included an approved written and practical examination. The EMT still reads National Registry. We will be amending that rule and bringing that to you in September for a rulemaking hearing.

We also need to extend the time from the end of training from one year to two years for someone to become licensed.

The Education Committee reviewed Rule-1200.12-1.12, the authorization of instructors, and recognized that we need regulations on who could be an EMT assistant instructor, and for a paramedic assistant instructor, and or part-time faculty.

## STAFF REPORT: CRIMINAL BACKGROUND CHECKS

Requirements for background checks will go into effect on June 27<sup>th</sup>, 2006. We are in the process of working with the other Health Related Boards for a background check that will be acceptable for all the clinical affiliates as well as the State. I'm working with Ms. Robbie Bell, Director of Health Related Boards. We are investigating if we could modify a current check for the clinical rotations so that the students will only have to do one background check rather than having to pay for two background checks

## STAFF REPORT: AFFIDAVIT FOR LICENSE RETIREMENT

We've had several calls from paramedics and EMTs asking to retire their license and we've got to get the affidavit finalized for that, and we're in the process of doing that. The affidavit is in the review process for forms committee. We seek to have an affidavit that people can download offline to request their retirement of an EMS professional license.

## STAFF REPORT: EMITS

Ms. Tidwell reported about 121 of 150 services have signed on to report their ambulance activities. The programmers are asked to get our third party reporting up by August 1, 2006.

In the September board meeting, I hope to announce 100 percent reporting from our

ambulance services. Approximately 3,000 users are registered in the system, and 300,000 runs were reported as of last Monday.

## MILITARY PARAMEDIC PROGRAM

Ms. Tidwell asked the board to consider two requests. One was a request from the Joint Special Operations Medical Training Center out of Fort Bragg, North Carolina, to recognize their paramedic training as equivalent to our Tennessee training.

Ms. Tidwell reviewed the program. It is nationally accredited with CoAEMSP. They meet and exceed the hours for our state-approved programs – including clinical and field requirements as well as didactics.

The Chair entertained a motion to accept the Fort Bragg paramedic training as potential reciprocity. The Motion was made by Mr. Griffin, and seconded by Mr. King.

Hearing no requests for further discussion the chair called for a roll call vote.

DR. ALDERSON:	Yes.
MR. BAXTER:	Yes.
MS. BREEDEN:	Yes.
MR. GRIFFIN:	Yes.
MR. KING:	Yes.
MR. MOSBY:	Yes.
DR. WHITE:	Yes.
MR. KEN WILKERSON:	Yes.
MR. CHAIRMAN:	Chair votes yes as well.

## POWER PHONE REQUEST

Ms. Tidwell continued. In our rules under EMS dispatch -Rule 1200-12-1-.18 -- under Section (4) (a) (3), the rule addresses the examination for EMD certification. It accepts an examination given through an approved dispatch organization that has pre-qualified for Tennessee reciprocity or submitted proof of having students successfully certified as an EMD through an approved dispatch organization.

Power Phone has requested, and to pre-qualify their exams to be acceptable for our certification exam for dispatchers. The exams are administered through certified instructors and returned to the Power Phone, where a test is graded and certificates mailed. It meets the requirement for prequalification under this rule of being an approved dispatch organization for testing reciprocity.

Mr. Phillips questioned: How many other EMD training programs have been qualified? Ms. Tidwell responded there are others that are qualified, but none of them have asked that their exam be used for the reciprocity process. This is the first one that's asked for the permission.

The Chair entertained a motion and Ken Wilkerson made a motion to approve, which was seconded by Ms. Breeden. With no request for further discussion, a roll call vote was conducted.

DR. ALDERSON:	Yes.
MR. BAXTER:	Yes.
MS. BREEDEN:	Yes.
MR. GRIFFIN:	Yes.
MR. KING:	Yes.
MR. MOSBY:	Yes.
DR. WHITE:	Yes.
MR. KEN WILKERSON:	Yes.
MR. CHAIRMAN:	Chair votes yes as well.

Motion carried.

#### FURTHER EMITS QUESTION

Mr. Griffin questioned how ambulance services can query the EMITS system, indicating the program doesn't allow each individual service to do that themselves? Ms. Tidwell reported state programmers will develop the reporting system for regional, state aggregate and specific reports only if you're that ambulance service.

#### STAFF REPORT: NIMS TRAINING

Donna Tidwell reported the first session of NIMS training. She wished to thank Greg Miller and Bonnie Maynard for the first two sessions forty-four people signed up for the July class. We've received very positive comments back from the individuals that have taken the training. Bonnie and Greg have done a great job of presenting this material.

#### OGC REPORT

Ms. Presley, noting Mr. Land addressed the Rules Report, provided additional information from the Office General Counsel. Air-Evac filed a Petition for Declaratory Judgment in federal court. That means they're bypassing the chancery court appeal. The Department of Health was represented by Sue Sheldon of the Attorney General's office in the federal court. A pretrial conference was held in May.

The Chairman questioned: Has that appeal ever been made before to federal court on a board ruling? Ms. Presley responded no, and Joe Phillips commented that in the history of the Board, it's never happened.

## DIRECTOR'S REPORT:

### PRODUCTION REPORT

At Tab 9, the Board viewed the production report through May of 2006. Joe Phillips commented it's a very useful report for the trends within EMS in the state.

Renewal exams dropped to almost nothing. There is a hundred dollar (\$100.00) fee now for renewal exams. Coupled with a hundred dollars (\$100.00) fee in place for reciprocity, revenue may increase about \$25,000 a year.

At the end of June, Tennessee will have 18,000 currently licensed and certified EMS personnel. That is a new high for EMS. Six hundred exams were administered in May, indicating the many EMTs that were trained in Tennessee.

(Break in proceedings.)

The Chairman recognized and introduced Administrative Law Judge Tom Stovall and turned the meeting over to him to preside in the Contested Case Hearing.

(The contested case concerning Mell James, EMT-P, resumed from the March 30, 2006 hearing. (It was reported elsewhere in the proceeding.)

Administrative Law Judge Tom Stovall announced for the record that in the matter of Mr. Mell James, the hearing would stand adjourned. The Board Chairman summarized the wishes of the Board and returning members, and the meeting adjourned at approximately 4:45 p.m. and reconvened on June 22, 2006 at 9:00am.

### CALL TO ORDER/ROLL CALL

The Chairman convened the meeting at 9:05 a.m. with a roll call.

DR. ALDERSON:	Here.
MR. BAXTER:	Here.
MS. BREEDEN:	Here.
MR. BYRD:	(Not present.)
DR. DUNN:	(Not present.)
MS. EARL:	(Not present.)
MR. GRIFFIN:	(Not present.)
MR. KING:	Here.
MR. MOSBY:	Here.
DR. WHITE:	Here.
MR. JACKIE WILKERSON:	(Not present.)
MR. KEN WILKERSON:	(Not present.)
MR. CHAIRMAN:	Darren Ellenburg and I'm here.

The seven members constituted a quorum, and the Chair recognized Ms. Elisha Hodge, attorney for the Board, and asked for consent orders.

#### CONSENT ORDER: BRADLEY ANDERSON, EMT-IV

Ms. Hodge presented the Consent Order on Bradley Anderson. (Document tendered to the Board and reviewed).

Ms. Hodge summarized the matter: This Consent Order involves an EMT-IV who entered a best interest guilty plea on June 24th of 2005 with regard to an incident that occurred on August 9th, 2004.

Basically, this particular practitioner went to an ambulance service where, was, working part time. He engaged in some activities, which resulted in a sexual battery charge against another practitioner at that particular service.

As a result of that charge, he was sentenced to 15 months incarceration, the time of which was suspended, and he is currently on a 15-month supervised probation. He is to have no contact with his victim. He has agreed to voluntarily surrender his license. In addition to that, he has agreed that he will never attempt to apply for licensure before this board again.

The Chairman wished to vote on this matter in its entirety, and was advised by Ms. Hodge in the affirmative that the board could proceed.

Dr. White made the motion to accept the Consent Order as presented. This motion was seconded by Mr. Baxter. With no request for further discussion, a roll call vote was recorded.

DR. ALDERSON: Yes.  
MR. BAXTER: Yes.  
MS. BREEDEN: Yes.  
MR. KING: Yes.  
MR. MOSBY: Yes.  
DR. WHITE: Yes.  
MR. CHAIRMAN: Chair votes yes as well.

Motion carried. (Original document was presented to the Chair for signature.)  
AGREED ORDER: MICHAEL JOHN TURTURICE, EMT-IV

Ms. Hodge presented an Agreed Order of Voluntary Surrender on a Michael Turturice. The Document was tendered to the Board and reviewed.

Ms. Hodge summarized that Mr. Turturice was licensed in this state as an EMT-IV. On numerous occasions Mr. Turturice was seen with identification on which identified him as a paramedic. He also told numerous employees at Lifeguard Ambulance Service that he was, in fact, a paramedic.

On July the 21st of 2004, Mr. Turturice pushed Morphine on a juvenile patient. As a result of these incidents, Mr. Turturice has agreed to a voluntary surrender of his license.

The Chair entertained a motion to accept the order as presented. Motion made by Ms. Breeden to accept the order as presented. Seconded by Mr. Mosby. With no request for further discussion, a roll call vote was recorded.

DR. ALDERSON: Yes.  
MR. BAXTER: Yes.  
MS. BREEDEN: Yes.  
MR. KING: Yes.  
MR. MOSBY: Yes.  
DR. WHITE: Yes.  
MR. CHAIRMAN: Chair votes yes as well.

Motion carried unanimously. (The Original document was presented to the Chair for signature.)

#### EMS STAFF REPORT: AMBULANCE MARKINGS

Richard Land reported on ambulance markings proposed by Rural Metro and suggested that a board consultant be appointed to work with our EMS staff for markings recommendations and rule changes and bring those back at a future meeting.

Some adjustments might be necessitated by legislation that was passed allowing some municipalities to adopt their own markings.

Mr. Phillips questioned if this could be done as an interpretive guideline under existing rules? Mr. Land responded that the matter would suggest a revamp of the rule eventually. While board resolutions have been applied, there is language incorporated in the rule that can only be changed through actual rulemaking, not just Board resolution.

Chairman Ellenburg asked if a particular Board member was requested, and Mr. Land responded that one of the ambulance operators, Jackie Wilkerson, be considered, because of his proximity in Robertson County and previous on Board committees.

With a Motion made by Ms. Breeden, second by Mr. Baxter, and no further discussion from the Board, a roll call vote was recorded.

DR. ALDERSON: Yes.  
MR. BAXTER: Yes.  
MS. BREEDEN: Yes.  
MR. KING: Yes.  
MR. MOSBY: Yes.  
DR. WHITE: Yes.  
MR. CHAIRMAN: Chair votes yes as well.

(MR. CHAIRMAN: Let the record reflect that Mr. Robert Byrd is now present.)

## LEGISLATIVE REPORT

Mr. Phillips distributed a summary of the bills from the General Assembly, noting Mr. Land prepared the report that gave the status of all EMS related bills. Joe Phillips stated: *"This wasn't the best year ever for EMS at the legislature."* (Made as an editorial comment.)

The Tennessee Ambulance Service Association had several new bills, and many of those stalled in legislative committee.

Of course, there are two bills that affected the Board. One allows municipalities in Shelby County and Metropolitan Nashville-Davidson County to select the color scheme for their government-operated ambulances. Another allows Memphis Fire to administer its own paramedic training program.

Mr. Robert Byrd reported that he did an email survey on ambulance markings. When surveyed, several dozen EMS directors expressed no interest in changing the markings on an ambulance.

Sharing the results of the survey with all of the legislators apparently, didn't have much weight. I found no one interested in changing colors except Memphis, Nashville, Robert Byrd and Richard Land.

Mr. Phillips mentioned that when legislators don't hear from their constituents, it doesn't matter.

Chairman Ellenburg commented on the effects of other legislation, described in the report, which authorizes a specialty plate - the EMS specialty plate. The program was actually empowered under existing legislation. In order for issue of that specialty plate, a thousand plates must be ordered.

Dr. Alderson made an additional comment concerning the EMS license plates, that in addition to the plate having the EMS logo and the license number on it, you can have it personalized. While there's an additional fee, you can get your initials or whatever else you want to put on it.

He mentioned reservations may be made at TEMSEA's Web site ([www.TEMSEA.com](http://www.TEMSEA.com)), and there's a link on that Web site that will allow one to register. At the appropriate time, if your name is on that list, you'll be contacted as to how to purchase that plate.

## Instructor-TEMSEA Conference

Donna Tidwell reminded the Board that the instructor coordinator conference, an annual conference, July 26 and 28, at the Maxwell House.

The Chairman also mentioned that half the money from the sale of that plates does go to TEMSEA for educational purposes and scholarship and in addition to EMS personnel, all healthcare providers, such as emergency nurses, respiratory therapists, and physicians, and first responders could be eligible.

## APPROVAL OF MINUTES

March minutes from the previous board meeting were reviewed in the notebook under Tab 10.

Ms. Breeden moved to accept the minutes as presented. Seconded by Don Mosby. The Chairman proposed all those in favor of the motion on the floor; please say yes by a voice vote. None opposed, the motion passed.

## NEW BUSINESS

Chairman Ellenburg noted Dr. Holley mentioned the START triage system, Simple Triage and Rapid Transport, which is a national system for triage in a mass casualty incident in his report to the Board.

In the national incident management system, NIMS, the START triage system represents the standard for local government, state government, and federal government to ensure in the mass casualty triage system. Dr. Holley asked the Board to pass a motion, which would establish that the START triage system will be the State standard regarding mass casualty incidents.

Mr. Byrd clarified that S-T-A-R-T means the Simple Triage and Rapid Transport system. Mr. Ellenburg described the system of color tags: red, yellow, green, and black configured for triage.

Mr. King made a motion to accept the START triage system as the State standard. The motion was seconded by Mr. Mosby. With no request for further discussion, a roll call vote was conducted.

DR. ALDERSON:	Yes.
MR. BAXTER:	Yes.
MS. BREEDEN:	Yes.
MR. BYRD:	Yes
MR. KING:	Yes.
MR. MOSBY:	Yes.
DR. WHITE:	Yes.
MR. CHAIRMAN:	Chair votes yes as well.

Motion carried.



## CONCLUDING REMARKS

Mr. Phillips remarked that several board members have terms expiring on June 30, 2006. Upon the appointment of new members, all members of the Board may participate at New Board Member training. The training will discuss their role and responsibilities, function of the Department, Office of General Counsel, and so forth.

The Chairman recognized that for several board members, this was their last board meeting. He extended an opportunity for them to make any comments.

Mr. Mark King remarked:

*Over all these years of coming up here, I have really appreciated having the opportunity to have been on the Board, meet so many different people, dedicated staff, people that really love the profession. I'll miss everybody, but I know that you'll do a good job and you'll move on, and my replacement is fine fellow, and he'll just take it up and move forward.*

Mr. Don Mosby:

*This has been a learning experience for me. The first five or six months, I was a little bit uncomfortable, and then I really got a grip on everything. I have met some, to say the least, some very interesting people. I have enjoyed sitting on the Board. Before the Board, I rarely came past the Tennessee River so -- unless I really had to. This has been a learning experience. I've enjoyed it, and I just hope the Board will carry on.*

Mr. Chairman: Thank you, Mr. Mosby. Dr. White, I think potentially this is your last meeting unless you're reappointed. Is there anything you would like to say to the Board and the audience?

Dr. White: *"I'm just glad I'm going to be done with the long drives."* (Followed by laughter, since Dr. White resides in the Nashville area.)

Mr. Chairman: "That's pretty tough right there, I'm sure. This is my last meeting as well. It's been an interesting journey to go from consultant to here.

I know you guys will do a good job. I want to thank the board members for being a very good group to work with. Like I said, it's been "a real honor."

Joe Phillips then commented: Darren is the only person who was a consultant with the Division and went on to another job and then was appointed to the Board.

## FUTURE MEETING DATES

Mr. Ellenburg announced meeting dates for the remainder of 2006:

September 13<sup>th</sup> and 14<sup>th</sup>  
November 29<sup>th</sup> and 30<sup>th</sup>

Meeting dates for 2007 are planned:

March 28th and 29<sup>th</sup>, 2007

June 27th and 28<sup>th</sup>, 2007

September 26th and 27<sup>th</sup>, 2007

November 28th and 29<sup>th</sup>, 2007

Mr. Phillips invited Board Members to tour the new office building, EMS Division offices on the third floor. He stated: "It's the nicest central office EMS has ever had. We're proud of it, and we have a huge conference room, also. It's absolutely amazing I have got windows in my office -I haven't had any for ten years. So, I hope everybody will take a few minutes, come on over and visit with us.

The Board continued, expecting another Consent Order to come from OGC. (Break in proceedings.)

Ms. Hodge later advised the order would be deferred until the September meeting.

The meeting adjourned at approximately 10:10 a.m.

Respectfully submitted,

Judy Lee Hartman  
Administrative Assistant Regulatory Board 1